# Pathways Program Application

Full Name:_____Date: _____

Name of Program: _____

Start Date (Month/Year): _____ Position Title: _____

Email: _____ Phone:_____

## Requirements:

- Be currently employed at a licensed child program in Box Elder or Cache County
- Complete Career Ladder Level 1
- Complete one course on challenging behavior, like Quorum: Challenging Behavior: Reveal the Meaning
- Upload proof of current first aid and CPR

## Caregiver Will Receive:

- Activity planning and $500 grant focused on language and literacy
- 1 activity visit from CAC focusing on open ended activities
- $400 incentive to you

### _Return completed application to lisa.reeder@usu.edu_

By signing this document, you are acknowledging that funding for this program is limited and applicants are accepted on a first come, first served basis.

**Applicant Signature:** _____ **Date:**_____

**CAC Staff Signature:** _____ **Date:** _____